

## Optimizing Physical Space

Using space for task-based functions over assigned desks

Shared lunch room for relationship building and informal patient care

Video conferencing for clinical rounds

Some people need personal space/quiet space

Virtual Connections (Slack, OTN, email, phone, EMR)

Large team meetings with small groups meeting more often

Open work space

Ride alongs to build relationships

Staff work at home some times to free up office space

Use a renovated construction trailer for NP in community for clinical space

Intentional face to face interactions (go to another site for lunch, drop off forms)

Clinicians work at multiple sites

Cost-sharing for needed space at a specific location

## Optimizing Physical Space cont.

No exclusive exam rooms

Ushers move patients between 2 dedicated clinic rooms per clinician

Successful informal connections during lunch

Celebrations for achievements

Wing for IHP in same building

Community physicians offering to share space

Space for community partners (in-kind)

All exam rooms are identical

Frequent team rounds

NP office shared with RN to increase scope and efficiently working with physician

Space mixing with open concept cubicles

## Optimizing Physical Space cont.

Intentional management strategies e.g. permission to get up from chair and connect with others

Address true root of conflict (e.g. trust)

Working from home

Enough square footage in open spaces (not too close - need to manage noise)

Rotating locations for admin/reception staff

Shared office space (not exam room)

IHPs travel and rotate

Collaborative specialist teams

Glass barriers

Dedicated office space

Hallway huddle